

CLAIMS ONLY						Application Number <i>101002470</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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49												
50												
Total Indep	5											
Total Depend	40											
Total Claims	45											
	18											
	6											
	3											
Total Indep	2											
Total Depend	14											
Total Claims	18											

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